

AUG 25 2005

PTO/SB/21 (08/03)

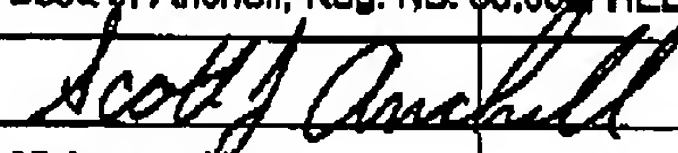
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/645,580	
	Filing Date	22 August 2003	
	First Named Inventor	Jeff PAGE et al.	
	Art Unit	3752	
	Examiner Name	Kim, C.	
Total Number of Pages in This Submission	8	Attorney Docket No.	2003P12857US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 (CFR) 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s), please identify below:
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Scott J. Anchell, Reg. No. 35,035; HELLER EHRMAN, LLP
Signature	
Date	25 August 2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Scott J. Anchell		
Signature		Date	25 August 2005

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AUG 25 2005

PTO/SB/22 (12-04)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))		Docket Number (Optional) 2003P12857US																									
In re Application of	Jeff PACE et al.																										
Application Number	10/645,590	Filed	22 August 2003																								
For	FUEL INJECTOR HAVING A MODIFIED SEAT FOR ENHANCED COMPRESSED NATURAL GAS JET MIXING																										
Art Unit	3752	Examiner	Kim, C.																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter appropriate fee below):</p> <table border="1"> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$ 120</td> <td>\$ 60</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$ 450</td> <td>\$ 225</td> <td>\$ <u>450</u></td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$ 1020</td> <td>\$ 510</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$ 1590</td> <td>\$ 795</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$ 2160</td> <td>\$ 1080</td> <td>\$ _____</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-1641.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number 35,035</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <p><u>25 August 2005</u> Date</p> <p><u>202-912-2000</u> Telephone Number</p> <p style="text-align: right;"><b>RECEIVED</b> <b>OIPE/IAP</b> <b>AUG 29 2005</b></p> <p style="text-align: center;"> Signature</p> <p style="text-align: center;"><u>Scott J. Anchell</u> Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>					Fee	Small Entity Fee		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120	\$ 60	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450	\$ 225	\$ <u>450</u>	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 1020	\$ 510	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1590	\$ 795	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2160	\$ 1080	\$ _____
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